

From the very beginning of this inquiry, UNM has expressed its well-grounded concerns regarding the safety and well-being of its students, faculty and staff. The potential for harm to these individuals is real and demonstrable. This is evidenced by the deadly attack at a Planned Parenthood clinic in Colorado last year—an attack where the assailant killed, among others, a police officer—as well as the specific death threats recently received by individuals connected to the procurement of fetal tissue. One of those death threats prompted an investigation by the FBI, and the arrest of an individual who made that specific threat. Counsel to UNM expressed these specific concerns repeatedly in correspondence to the Select Panel on January 29, February 16, February 19, March 3, April 11, and May 19 of 2016, and in various email correspondence.

The repeated public disclosure of these names demonstrates a knowing and intentional disregard for the safety of UNM personnel by the Select Panel Majority, who has been on notice since January 2016 of the charged environment surrounding these professionals and the potential danger they face. Going forward, the members of the Select Panel who vote in favor of this resolution to release the deposition transcript will personally bear responsibility for any harm that comes to these individuals.

UNM requests that if the Select Panel adopts a resolution to release the transcript, whether prematurely in violation of its rules or after UNM has had a chance to review it, that the Select Panel redact the UNM doctor's name from the transcript. The fact that the Select Panel has previously published the doctor's name does not excuse it from an ongoing obligation to avoid endangering UNM staff. Secondly, UNM requests that the Select Panel postpones the disclosure of the transcript by a minimum of a week so that UNM can work with local law enforcement and campus security to put additional security measures in place to protect students and staff.

Sincerely,

STEPHEN M. RYAN.

MINERS' PENSIONS

The SPEAKER pro tempore. The Chair recognizes the gentleman from West Virginia (Mr. JENKINS) for 5 minutes.

Mr. JENKINS of West Virginia. Mr. Speaker, thousands of retirees and widows in my district and coal States across the country are worried about making ends meet. They are wondering if the promises made to them will be kept. They want to know if Congress will act to preserve the pensions and healthcare benefits they worked hard to earn.

Mr. Speaker, our coal miners and their widows deserve the pensions and benefits they were promised. However, the funds for these vital programs are running out—and time is running out to fix these critical issues.

We have a solution. In the House, it is called the Coal Healthcare and Pensions Protection Act, legislation I proudly cosponsored, along with ALEX MOONEY of the Second Congressional District of West Virginia. This legislation was introduced by our fellow West Virginian, Congressman DAVID MCKINLEY. A companion bill has also been introduced in the Senate.

I want to share the words of a West Virginian who watched her father spend 30 years in the mines. Sherri Armstrong of Boone County wrote me, urging Congress to protect the benefits that her father had earned. She said her dad worked every shift available and counted every penny he earned. He took pride in his job, but his future is now in jeopardy. Here is what she wrote:

For decades, their work provided for their communities, State, and Nation. If something is not done, and their benefits not protected, many of these people will be forced to either return to the workforce or to lose all they worked for and depend on public assistance to sustain them their remaining days.

Our coal miners made this country what it is today. They mined the coal that made the steel that built the skyscrapers and won world wars. These miners and their families deserve no less than what they worked their entire lives to earn: the peace of mind that comes with a pension.

I urge Congress to act. Pass this important legislation and protect our miners and their families.

HYDE AMENDMENT

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from California (Ms. LEE) for 5 minutes.

Ms. LEE. Mr. Speaker, I rise today to call for an end to the discriminatory Hyde amendment, which has harmed too many women for far too long.

This week marks 40 years since the Hyde amendment was first passed. For 40 years, politicians have denied the full range of comprehensive health services, including abortion coverage, to women just because of their income, employer, or ZIP Code. This must stop.

This bill was passed in 1976 to prevent low-income Medicaid recipients from exercising their constitutional rights. I was here working as a staffer for my predecessor, Ron Dellums, when this amendment first passed. We fought tooth and nail against it then. We knew that this harmful rider would help pave the way for decades of harsh, unfair restrictions.

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Now, as a member of the Appropriations Committee, each year I have fought the fight against Republican efforts to double down and to expand the Hyde amendment.

In fact, in 2016, the Hyde amendment now affects more than just Medicaid recipients, to include: Federal employees and their dependents, military servicemembers, Native Americans, Peace Corps volunteers, immigrants, Federal prisoners, and the residents of Washington, D.C.

The discriminatory Hyde amendment also disproportionately impacts low-income women and women of color. More than half of the women subject to the Hyde amendment are women of color.

We also know that when those who seek abortion care are denied, they are

much more likely to fall into poverty than a woman who is able to access care.

The Hyde amendment is just wrong. It is not only the Hyde amendment. Since 2010, State legislatures have adopted 334 abortion restrictions, further expanding the hardship of abortion coverage like the Hyde amendment; again, politicians making decisions for women that they have no business even thinking about. Women deserve the right to privacy and the right to make their own healthcare decisions.

From shutting down clinics to creating longer wait lines, these restrictions impose the greatest burden on low-income women, immigrants, women of color, and young people.

Now, it is not our job, as elected officials, to make family planning decisions for women. Politicians need to get out of personal healthcare decisions for women.

Let me be clear. A woman's access to abortion should never depend on her ZIP Code, her employer, or her income. Whether you agree with women having abortions, that is not the issue. The issue is we should not discriminate against women who are denied the full range of comprehensive health services.

Secondly, politicians need to stop interfering with women's personal decisions about their body. That is why I, along with Congresswoman SCHAKOWSKY, Congresswoman DEGETTE, and 70 of our colleagues, offered and introduced the EACH Woman Act, H.R. 2972. This legislation would end the discriminatory Hyde amendment and ensure that all women can exercise their fundamental right to privacy and their fundamental right to choose.

Specifically, this bill ensures that, first, if a woman gets her care or insurance through the Federal Government, she will be covered for all pregnancy-related care.

Secondly, it means that Federal, State, and local legislators will not be able to interfere with the private insurance market to prevent insurance companies from providing a full range of healthcare services, including abortion coverage.

Right now, we have over 120 cosponsors working to stop politicians from interfering with a woman's reproductive rights, and we are building a coalition of elected officials, grassroots organizers, faith communities, and women who are ready to see this discriminatory and dangerous law taken off of the books.

So, as we mark 40 years of this terrible policy, I urge my colleagues to be bold and to support the EACH Woman Act. Together, we will end the Hyde amendment to ensure equal access to all healthcare services, including abortions for all women, not just for some who have the resources to ensure that their right continues as they make their own personal healthcare decisions.